

## INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

10/581463  
Sheet 1 of 2

ATTY. DOCKET NO.

33244-US-PCT

APPLICATION NO.

AP3 Rec'd PCT/PTO 01 JUN 2008

APPLICANT

GOEBEL ET AL.

FILING DATE

Group

## U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA						
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

## FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	AM	EP 0953 565	11/3/99	EPO			<input type="checkbox"/>	<input type="checkbox"/>
	AN	WO 03/097585	11/27/03	WIPO			<input type="checkbox"/>	<input type="checkbox"/>
	AO	FR 1 441 499 A	6/10/66	France			<input type="checkbox"/>	<input type="checkbox"/>
	AP	WO 03/080577 A	10/2/03	WIPO			<input type="checkbox"/>	<input type="checkbox"/>
	AQ	WO 03/059868 A	7/24/03	WIPO			<input type="checkbox"/>	<input type="checkbox"/>

## OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	
	AS	
	AT	

EXAMINER

DATE CONSIDERED

\*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

/Rei Tsang Shiao/

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /R.S./

## INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

APPLICANT  
GOEBEL ET AL.  
FILING DATE

Group

AP3 Rec'd PCT/PTO 01 JUN 2009

## FOREIGN PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	CA	WO 03/104187 A	12/18/03	WIPO			<input type="checkbox"/>	<input type="checkbox"/>
	CB						<input type="checkbox"/>	<input type="checkbox"/>
	CC						<input type="checkbox"/>	<input type="checkbox"/>
	CD						<input type="checkbox"/>	<input type="checkbox"/>
	CE						<input type="checkbox"/>	<input type="checkbox"/>
	CF						<input type="checkbox"/>	<input type="checkbox"/>
	CG						<input type="checkbox"/>	<input type="checkbox"/>
	CH						<input type="checkbox"/>	<input type="checkbox"/>
	CI						<input type="checkbox"/>	<input type="checkbox"/>
	CJ						<input type="checkbox"/>	<input type="checkbox"/>
	CK						<input type="checkbox"/>	<input type="checkbox"/>
	CL						<input type="checkbox"/>	<input type="checkbox"/>
	CM						<input type="checkbox"/>	<input type="checkbox"/>
	CN						<input type="checkbox"/>	<input type="checkbox"/>
	CO						<input type="checkbox"/>	<input type="checkbox"/>
	CP						<input type="checkbox"/>	<input type="checkbox"/>
	CQ						<input type="checkbox"/>	<input type="checkbox"/>
	CR						<input type="checkbox"/>	<input type="checkbox"/>
	CS						<input type="checkbox"/>	<input type="checkbox"/>
	CT						<input type="checkbox"/>	<input type="checkbox"/>
	CU						<input type="checkbox"/>	<input type="checkbox"/>
	CV						<input type="checkbox"/>	<input type="checkbox"/>
	CW						<input type="checkbox"/>	<input type="checkbox"/>
	CX						<input type="checkbox"/>	<input type="checkbox"/>
	CY						<input type="checkbox"/>	<input type="checkbox"/>
	CZ						<input type="checkbox"/>	<input type="checkbox"/>
EXAMINER		/Rei Tsang Shiao/		DATE CONSIDERED		4/01/2009		

\*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609. Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.